

Adult and Senior Care Update



Fall 2010

This is the fall edition of the *Adult and Senior Care Update for 2010*. Our goal is to provide you with timely and relevant information about issues that affect adult and senior care licensed facilities. We hope you will take time to review the Update and share it with members of your organization, as well as with others interested in adult and senior care issues.

THE "NEW DIRECTIONS" OF THE COMMUNITY CARE LICENSING DIVISION

The California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) is developing the "New Directions" of CCLD. Part of CCLD's "New Directions" includes the "Strengthening Health and Safety Protections" proposal to enhance CCLD's inspection protocols in order to strengthen protections for residents/clients in care.

The "Strengthening Health and Safety Protections" proposal's cornerstone is founded on the belief that a regular and consistent presence by CCLD in community care licensed facilities decreases health and safety risks, increases provider regulation compliance, and improves resident/client outcomes. To accomplish the proposal's goals, CCLD will increase efficiency and effective use of valuable resources by inspecting facilities more frequently, in conjunction with utilizing Health and Safety Compliance Review Tools. The Health and Safety Compliance Review Tools are used to assess compliance of key indicators of compliance and risk.

Currently, CCLD's inspection protocol is to conduct compliance inspections of all facilities at least once every five years, with an annual random sample of 30 percent of facilities receiving inspections. All of these inspections include a comprehensive review of compliance with all licensing laws and regulations. Due to budget constraints, the CCLD is unable to meet these inspection mandates and has made the proposal to align its resources with its mandates while also strengthening health and safety protections.

The "Strengthening Health and Safety Protections" proposal will require annual unannounced inspections of all facilities with the exception of family child care homes, which will receive a biennial inspection. Certain facilities will not be eligible for a key indicator inspection and will, therefore, receive an unannounced comprehensive health

and safety compliance inspection. This would include facilities that are under a noncompliance plan, are on probation, or are pending administrative action. Facilities that do not fall within the parameters described above would receive an inspection using the Health and Safety Compliance Review Tool to review the key indicators of compliance and risk. The CCLD's annual compliance inspections would expand to a comprehensive review when warranted. The CCLD anticipates that inspections conducted using the Health and Safety Compliance Review Tool will take approximately half the time it currently takes to complete a health and safety compliance inspection.

The CCLD met with stakeholders through the months of April, May and June 2010 to discuss the "Strengthening Health and Safety Protections" proposal. Discussions included a review of the proposal and supporting research, outcomes of field tests performed in licensed California Child Care Facilities utilizing Child Care samples of the proposed Health and Safety Compliance Tools and a review of a sample of the proposed Health and Safety Compliance Tools for multiple facility types. The CCLD appreciates the input provided by stakeholders during this process.

The CCLD, in conjunction with stakeholders, will continue developing the "Strengthening Health and Safety Protections" proposal as directed by the Legislature. The CCLD conducted field tests during the months of July, August and September 2010 utilizing the Health and Safety Compliance Review Tool on a sample of both child care and residential facilities. Also, CCLD was able to complete a significant number of inspections during this time period using both test tools and traditional inspection protocols. Data sets were collected that are currently being analyzed. The CCLD looks forward to meeting with stakeholders tentatively in December 2010 to provide preliminary information regarding the test. The CCLD will continue to engage stakeholders to provide input to the "Strengthening Health and Safety Protections" proposal through additional stakeholder meetings and website postings of updates regarding the "New Directions" proposal.

For additional information on the "New Directions" of CCLD, including the "Strengthening Health and Safety Protections" proposal, please visit our website at http://www.myccl.ca.gov/default.asp?b=New_Directions.

COMMUNITY CARE LICENSING DIVISION LAUNCHES MYCCL

As a reminder, the Department's CCLD is now offering the new MyCCL information portal. In addition to providing information and resources on CCLD issues, MyCCL offers the opportunity for licensees to register and sign up for notification on items such as receiving notification on New Directions information. In addition, the MyCCL site continues to offer the Residential Care Facility for the Elderly (RCFE) Facility Questionnaire that allows RCFE licensees to register, complete a survey and personalize their facility information. The California Health Care Foundation will publish the survey results on the CalQualityCare.org website in late October. The public will have access to this information as part of their selection process to locate appropriate residential care for their loved ones.

For information on MyCCL and how to create a MyCCL account please visit our website at <http://www.myccl.ca.gov/>.

RESIDENTIAL CARE FACILITY FOR THE ELDERLY BEDRIDDEN REGULATIONS

Specific to RCFEs, the CCLD has promulgated regulations for Senate Bill 1896 (Ortiz), Chapter 817, Statutes of 2000. Regulatory changes, which are in effect, include the addition of Section 87606 - Care of Bedridden Persons, and updates to the following sections:

- 87202 - Fire Clearance,
- 87208 - Plan of Operation,
- 87212 - Emergency Disaster Plan,
- 87455 - Acceptance and Retention, and
- 87633 - Hospice Care for Terminally Ill Residents.

For further information on RCFE regulatory changes, go to <http://www.dss.cahwnet.gov/ord/PG295.htm> and scroll down to Residential Care Facilities for the Elderly.

MEDICAL ASSISTANTS ADMINISTERING MEDICATIONS IN COMMUNITY CARE FACILITIES

Medical Assistants are “certified” entry-level personnel who perform basic administrative, clerical and technical supportive services, and are authorized by law to provide care in community clinics under the supervision of a physician. All work as a Medical Assistant must be done under direct medical supervision, as defined in Business and Professions Code Section 2069.

Medical Assistants are not listed in the Department of Social Services’ regulations or Evaluator Manual as “licensed medical professionals” or “appropriately skilled medical professionals.” Medical Assistants are not “licensed” professionals. Only individuals authorized by law, as defined in regulation, are allowed to administer injections or medications to residents in a RCFE and Adult Residential Facilities.

DESIGNATED ADMINISTRATORS

All RCFE licensees are reminded that if the facility administrator is temporarily absent, there must be a designated person who is qualified to act as an administrator and operate the facility in their absence. The designated administrator must meet qualifying criteria as described in regulation section 87405, Administrator Qualifications and Duties.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) PROMOTES PUBLIC HEALTH APPROACH TO ADDRESS DEPRESSION IN OLDER ADULTS

Depression is not a normal part of aging, and often goes unrecognized or untreated in older adults. Yet, it is fairly easy to detect, highly treatable, and a candidate for prevention

efforts—making it an excellent focus for public health activities. This brief provides a background on the topic of depression, describes the role of public health in addressing depression and CDC's work in this area, and shares model programs communities can use to address depression in older adults. To see this briefing, click on:

http://www.cdc.gov/aging/pdf/CIB_mental_health.pdf

WHOOPING COUGH (PERTUSSIS) HEALTH ALERT

A recent rise in illnesses due to pertussis, commonly known as whooping cough, has caused the California Department of Public Health (CDPH) to be concerned that 2010 will be a peak year for the disease. Pertussis is a bacterial disease that infects the respiratory system. This infection can be deadly in babies, but adults initially may have congestion, a runny nose, sneezing and a dry cough. After a week or more, coughing can progress to prolonged bouts that might cause vomiting or the characteristic whoop. Fever is rare. Pertussis peaks in August and September and it tends to flare up every two to five years. A booster shot for adults, known as the Tdap, became available in 2005. It is a one-time booster vaccine, and it protects against tetanus, diphtheria and pertussis. It does not provide lifelong protection. In addition, Tdap is not currently approved for people over the age of 64.

The California Code of Regulations, Title 22, requires that facilities report known or suspected cases of illness, including pertussis, promptly to the local public health department and to the licensing agency within the next working day of the occurrence.

For more information regarding pertussis reporting and immunization, please contact the CDPH Immunization Branch at (510) 620-3737.

RESPIRATORY HYGIENE/COUGH ETIQUETTE AND FLU GUIDELINES

With the cold and flu season beginning, licensees are encouraged to remind everyone in their facility to practice respiratory hygiene/cough etiquette at the first sign of a respiratory illness. In particular, hand washing is considered the single most effective infection-control measure known to reduce the spread of infection in any facility. It is recommended that licensees take the following steps to help stop the spread of illness:

- **Post signs.** Consider posting signs requesting clients/residents to inform facility staff if they have symptoms of a respiratory infection.
- **Provide plenty of tissues.** Provide tissues or masks to clients/residents and facility visitors who are coughing or sneezing so that they can cover their nose and mouth.
- **Provide hand washing supplies.** Make hand washing supplies available where sinks are located, and provide dispensers of alcohol-based hand rubs in other locations.
- **Sit three feet away.** Provide space for and encourage coughing persons to sit at least three feet away from others, if tolerated.
- **Keep wastebaskets handy.** Provide wastebaskets or sealable plastic bags for tissues or materials soiled with nasal or respiratory secretions

For more information on respiratory hygiene/cough etiquette, please go to <http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>.



REMINDER TO OBTAIN INFLUENZA (FLU) VACCINATION

For the 2010-2011 flu season, which begins in the Fall of 2010, the seasonal flu vaccine will include protection against H1N1 flu. That means most Americans will be able to return to having one flu vaccine to protect them against the major circulating flu viruses, including the H1N1 virus. It has always been recommended by the CDPH that all clients/residents and facility staff be vaccinated against the flu each autumn as soon as a vaccination becomes available. The CDPH has also recommended in the past, particularly during the peak season, that flu be considered in clients or residents of long-term care facilities with any combination of the following:

- Fever
- New onset cough and/or sore throat
- Nasal congestion
- Malaise (feeling ill)
- Chills, muscle aches, joint aches, or headache
- Change in respiratory status (increased cough, sputum production, breathing rate)
- Change in mental status or appetite

Because the flu virus can spread rapidly in environments like RCFEs and Adult Residential Facilities, where people live in close proximity, be sure to contact your local health department promptly if you suspect an outbreak in your facility. An outbreak is considered to be the occurrence of even a single case of laboratory-confirmed flu, or more than one client or resident developing an acute respiratory illness with fever during a one- week period. For more information on flu, contact your local health-care providers or health department.

You may consult the American Lung Association's website, which may provide information on flu clinics in your community, at <http://www.lungusa.org/lung-disease/influenza/flu-clinic-locator/>, or call 1-800-LUNGUSA (1-800-586-4872). Additionally, you may visit the CDPH influenza website at [http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza\(Flu\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/Influenza(Flu).aspx).

CHICKENPOX REMINDER

Chickenpox, which is caused by the varicella-zoster virus, results in a blister-like rash, itching, tiredness and fever. Complications may include infected skin lesions, other infections, dehydration from vomiting or diarrhea, or even pneumonia and encephalitis. Chickenpox is very infectious and spreads easily by air when sick people talk, cough or sneeze. It can also be spread through direct contact with secretions from the rash. In addition, people with shingles (herpes zoster) can transmit the chickenpox virus to susceptible people. The CDPH recently published an article regarding screening for immunity to chickenpox, which is based on data presented at the 44th National Immunization Conference held in Atlanta in April 2010. The article,

[“Adults Living in Residential Settings Should Be Screened for Varicella \[Chickenpox\] Immunity.”](#) describes an outbreak of chickenpox among adults with disabilities living in a residential community. As a best practice, it suggests that clients/residents and staff of residential facilities should be routinely screened for chickenpox immunity at the time of entry into the facility. Controlling a chickenpox outbreak in a residential facility can be very resource intensive.

While such routine screening for chickenpox immunity is NOT a licensing requirement, licensees are reminded of the following:

- Be aware of the potential for an outbreak of chickenpox in your facility.
- Report any outbreak or suspected outbreak of chickenpox (involving two or more persons) to the licensing agency and to your [local health department](#), as required by the licensing regulations.
- Make sure that any client or resident with a contagious disease such as chickenpox is separated from the rest of the facility’s population, as required by the licensing regulations.
- To help prevent the spread of chickenpox or other infectious diseases, routinely practice universal precautions or, as a best practice, standard precautions. Please see the [List of Standard Precautions \(en Espanol\)](#) available on the CCLD website at www.cclld.ca.gov.

If you have any questions about a client’s or resident’s healthcare/immunization status with regard to chickenpox, please contact the client’s or resident’s healthcare provider (and conservator or responsible party, if any). If you have any questions about chickenpox in your community, please contact your [local health department](#). For more information on chickenpox in general, please see the federal CDC website [Varicella Disease Questions and Answers](#) and CDC’s website [Varicella \(Chickenpox\) Vaccination](#).

SUMMARY

If you have questions about this *Update* or suggestions for future topics, please contact Gary Levenson-Palmer, Chief of the Technical Assistance and Policy Branch, at (916) 324-4312. Please visit our website at www.cclld.ca.gov for copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

Original signed by Jeffrey Hiratsuka

JEFFREY HIRATSUKA
Deputy Director
Community Care Licensing Division

